



**CITY OF KEY WEST**  
PO Box 1409 (1300 White St.)  
Key West, FL 33041  
licensing@cityofkeywest-fl.gov

**BUSINESS TAX RECEIPT**  
**FEE EXEMPTION**  
**AFFIDAVIT**  
(Revised 02/2018)

**Date:** \_\_\_\_\_

**Business Owner's Name:** \_\_\_\_\_

**Business Tax Receipt #(s):** \_\_\_\_\_

In accordance with Florida State Statutes, I am requesting the following type of exemption:

\_\_\_ 65 years of age or older (100% discount)

- Must reside in Monroe County
- Qualifying business must have no more than one employee (in addition to the owner)

\_\_\_ Physically incapable of manual labor (100% discount)

- Must reside in Monroe County
- Qualifying business must have no more than one employee (in addition to the owner)

\_\_\_ Widow with minor dependents (100% discount)

- Must reside in Monroe County
- Qualifying business must have no more than one employee (in addition to the owner)

\_\_\_ Disabled veteran or unremarried spouse of a deceased disabled veteran (\$50 discount)

\_\_\_ Non-Profit/Charitable Organization (100% discount)

- 5013C required

\_\_\_ Governmental Agency (100% discount)

\*\*\*\*\*

By signing below, I certify that the above information is true, complete, and correct.

Signature: \_\_\_\_\_

\*\*\*\*\*

**Notary:** State of \_\_\_\_\_, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me on this \_\_\_ day of \_\_\_, 20\_\_\_, by

\_\_\_\_\_.

Notary signature: \_\_\_\_\_

\_\_\_ Produced ID: \_\_\_\_\_

\_\_\_ Personally known

**Office Use Only:**

Licensing Rep.: \_\_\_\_\_

Date: \_\_\_\_\_